

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0102909 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 01/09/2002 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker has a stated date of injury of January 9, 2002. Evidently she fell backwards onto her buttocks and developed low back pain radiating to the right lower extremity. She's been treated over the years with anti-inflammatories, opioids, physical therapy, nucleoplasty, and lumbar epidural steroid injections. Physical exam reveals tenderness to the lumbar spine in the coccyx area, diminished lumbar range of motion, positive straight leg raise test on the right, and diminished sensation to the right lower extremity in the anterior/lateral aspect. An MRI scan of the lumbosacral spine from April 2014 revealed mild disc desiccation at the L5-S1 level, small focal left paracentral L5-S1 disc protrusion possibly impinging the left S1 nerve root, and mild bilateral L4-L5 foraminal stenosis. Ultracet was started March 21 of 2014. Her diagnoses include a chronic pain syndrome, sacroileitis, lumbago, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol/ Acetaminophen 37.5/325mg # 90 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. A recent review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max400mg/day). The above referenced guidelines state that opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. In this instance, it has been stated in the treating physician's notes that there has been no improvement in functionality. Therefore, Ultracet 37.5/325 mg #90 with one refill is not medically necessary.

Naprosyn 375mg #60 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>, NSAIDs Topic.

Decision rationale: Naprosyn are recommended as an option for short-term symptomatic relief. A review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this instance, there is clear documentation that the injured worker has found no relief from either Naprosyn or ibuprofen, alone or together. Therefore, Naprosyn 375mg #60 refill 1 is not medically necessary.